



DIVISION OF PROFESSIONAL REGULATION

CANNON BUILDING
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Form 321

STATE OF DELAWARE

COMMISSION ON ADULT ENTERTAINMENT ESTABLISHMENTS

APPLICATION FOR ADULT ENTERTAINMENT ESTABLISHMENT LICENSE

LICENSE NO: _____

APPROVED: _____

DATED: _____

STATE OF DELAWARE)
(SS:
COUNTY OF _____)

I, _____, being duly sworn do depose and say that
I am a general partner or member of _____, a partnership or
unincorporated association doing business in the State of _____, that this Application
for a license to operate an _____, consisting of _____ pages,
is my act and deed and that the facts stated herein are true.

Signature of Partner/Member: _____

Social Security Number: _____

Please note: When your application for a license is complete, please allow 4-6 weeks to receive your license. A complete application is one that includes all required documentation and correct payment.

SWORN TO AND SUBSCRIBED BEFORE ME

this _____ day of _____
20 _____.

Commissioner

Effective 2/78

Revised 7/80, 8/01, 8/04

FOR OFFICE USE ONLY

I hereby acknowledge receipt of application for a
license consisting of _____ pages from
_____ to operate a

this _____ day of _____,
20 _____.

Administrative Specialist for the Commission